MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/542065

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿ AMENDMENT			AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			14				TOTAL DEP.						
TOTAL CLAIMS			15				TOTAL CLAIMS						